STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345014	A. BUILDING _____ B. WING _____	C 10/19/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN LIVINGCENTER - GREENSBORO	1201 CAROLINA STREET GREENSBORO, NC 27401

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 241 SS=D	483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality. This REQUIREMENT is not met as evidenced by: Based on observation, resident, family and staff interviews and record reviews the facility failed to provide care in a manner to maintain the resident's dignity by not answering call bells timely for residents needing assistance with activities of daily living. This was evident for 2 of 3 sampled residents reviewed for dignity. (Resident # 2, and Resident #4) Findings Included: 1. Resident #2 was admitted to the facility on 9/16/2016 with current diagnoses of major depressive disorder, and type 2 diabetes mellitus with diabetic nephropathy. Resident #2 Minimum Data Set (MDS) dated 10/3/2016 revealed Resident #2 was moderately cognitively impaired. The resident required extensive assistance with bed mobility, dressing, toilet use and personal hygiene. The resident was frequently incontinent of bladder and always incontinent of bowels. During an interview with Resident #2 at 2:00PM on 10/17/2016, she revealed that she had been waiting 30 minutes for staff to come and change her. Resident #2 stated her " butt was burning " . Resident #2 indicated that it ' s like this all the time. " It ' s terrible that I have to wait so long,	F 241	Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of facts alleged or the conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provision of the federal and state law. F 241 Resident #4 was discharged on 11/12/16. Resident #2 had call light answered at 2:40pm on 10/17/16 with incontinence care provided. Barrier cream applied to buttocks. Resident #4 received additional incontinence care on 10/18/16. Housekeeping cleaned the room and wheelchair on 10/18/16. NA #4 received education on 10/18/16 regarding proper incontinence care and changing of gloves. Beginning 11/8/16, 100% of residents will be interviewed if they have a Brief Interview of Mental Status (BIMS) score of 8 or higher to determine if resident feels their call lights are being answered timely and there are no additional concerns with incontinence care. Beginning 11/8/16,	11/16/16

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 11/09/2016

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F 241	Continued From page 1 staff does not like me " . Resident #2 indicated that this made her feel bad. An observation of the Resident #2 room on 10/17/2016 at 2:00PM a clock on the wall in front of the resident ' s bed was within view of the resident. Resident indicated that was how she knew how long it took staff to answer her call bell and provide care for her. A continuous observation of Resident #2 's room was done on 10/17/2016 at 2:00PM through 2:40PM. The resident ' s call bell was activated. Resident #2 had removed the blanket from her body exposing that the resident had a brief on. Observation of the brief revealed brown substance could be seen through the brief. There was a foul odor in the room. Observations on 10/17/2016 at around 2:40 PM revealing Nursing Assistant (NA) #2 walked into the Resident #2 room ' s Interview with Nursing Assistant (NA) #2 on 10/17/2016 at 2:52PM revealed that the reason why it took her so long to change and answer Resident #2' s call bell was because the facility was short of staff which made it hard to get to each resident in a timely manner. NA #2 revealed that there were only two nursing assistants for the South hall on the schedule this morning. NA#2 revealed that she had 30 residents to provide care for this morning. During an interview with the interim Director of Nursing (DON) on 10/19/2016 at 11:30AM she stated her expectation was that staff would answer a resident ' s call bell within 5 to 15	F 241	Director of Nursing Services, Assistant Director of Nursing Services, or designee will educate all facility staff on their next scheduled shift related to timeliness of answering call lights. All staff members are to respond to call lights. If the staff member is unable to complete the resident request, the employee will notify appropriate personnel who will respond timely to the request. Beginning 11/8/16, all Department Managers will randomly audit call light response times 5 times weekly for 8 weeks, then 3 times weekly for 8 weeks with daily zone rounds. Audits will be presented in morning meeting 5 times weekly for 8 weeks and reviewed. The results of these audits will be reviewed by the Director of Nursing Services or Executive Director and brought to the Quality Assessment Performance Improvement Committee meeting by the Director of Nursing Services or the Executive Director. Any issues or trends identified will be addressed by the Quality Assessment Performance Improvement Committee as they arise and the plan will be revised as needed to ensure continued compliance. Audits will be reviewed monthly x 4 months at Quality Assessment Performance Improvement Committee beginning 11/8/16.	

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F 241	Continued From page 2	F 241		

minutes and that care and treatment were provided for the resident. ADON indicated that her expectation that staff would treat all resident with respect and dignity.

During an interview with the interim Administrator on 10/19/2016 at 1:00PM revealed her expectation for staff to answer call bells within a timely manner and provide care and treatment for resident. Administrator revealed that resident should not have to wait for care and treatment. Administrator indicated that her expectation would be all staff treat residents with respect and dignity. Zero tolerance for disrespect for our residents here.

2. Resident #4 was admitted to the facility on 10/12/2016 with cumulative diagnoses which included major depression disorder and chronic pain due to trauma.

Record review revealed no available Minimum Data Set (MDS) assessment or written plan of care.

Interview with the MDS Nurse on 10/19/2016 at 11:00 AM revealed Resident #4 was alert, oriented and able to make her needs known. The MDS Nurse indicated Resident #4 required extensive to total assistance from staff for all adls except for eating. Further interview revealed Resident#4 was always incontinent of bowel and bladder.

Observation of incontinence care provided by Nursing Assistant #4 (NA) on 10/18/16 at 10:25 AM through 11:15 AM was conducted. Resident #4 had experienced an episode of bowel

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F 241	Continued From page 3	F 241		

incontinence. NA #4 removed the soiled brief and observed stool was on the outside top portion of the brief, in between the resident ' s thighs, legs and buttocks. Continuous observations revealed NA #4 wet the ends of a white cloth towel and wash cloths with water at the bathroom sink and NA #4 removed stool from the resident's skin. NA #4 then wet several more cloth washcloths with water and shampoo/body wash at the sink. Additional stool was then removed from the resident ' s skin. Again, NA #4 wet 3 washcloths and the ends of a cloth towel with water and the shampoo/body wash at the sink. The resident ' s groin was cleansed with the wash cloth then wiped with end of the wet towel. The resident ' s outer labia was not cleansed. NA #4 placed a clean brief and clothing on the resident.
Interview on 10/18/16 at 11:30 AM with NA #4 revealed this was her routine for providing incontinence care.
Interview on 10/18/16 at 1:12 PM with the Interim Director of Nurses (DON) revealed her expectations were the body wash be rinsed off the body, mouth care and hair care be performed and feet and hands be washed during care.

Interview with Resident #4 on 10/19/2016 at 10:30AM revealed NA #4 should have given her a shower instead of wetting wash cloths at the sink (referring to the incontinence care observed on 10/18/16). Resident #4 stated she felt bad about her care and treatment. Resident #4 revealed that she was embarrassed and upset about her care and treatment. Continuous interview with Resident #4 stated that staff was very slow with answering her call bell on Monday.

During an interview with the interim Director of Nursing (DON) on 10/19/2016 at 11:30AM she

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F 241	Continued From page 4 stated her expectation was that staff would answer a resident ' s call bell within 5 to 15 minutes and that care and treatment were provided for the resident. ADON indicated that her expectation that staff would treat all resident with respect and dignity. During an interview with the interim Administrator on 10/19/2016 at 1:00PM revealed her expectation for staff to answer call bells within a timely manner and provide care and treatment for resident. Administrator revealed that resident should not have to wait for care and treatment. Administrator indicated that her expectation would be all staff treat residents with respect and dignity. Zero tolerance for disrespect for our residents here.	F 241		
F 242 SS=D	483.15(b) SELF-DETERMINATION - RIGHT TO MAKE CHOICES The resident has the right to choose activities, schedules, and health care consistent with his or her interests, assessments, and plans of care; interact with members of the community both inside and outside the facility; and make choices about aspects of his or her life in the facility that are significant to the resident. This REQUIREMENT is not met as evidenced by: Based on observations, staff and resident interviews and record reviews the facility failed to honor the choice of Resident # 4 preferred time to get out of bed and honor the choices of Resident #7 to be transferred back to bed. This was for 2 of 3 residents reviewed for choices. Resident #4 and Resident #7	F 242	Preparation and/or execution of this plan of correction doe not constitute admission or agreement by the provider of the truth of facts alleged or the conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by	11/16/16

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F 242	Continued From page 5 Finding included: 1. Resident #4 was admitted to the facility on 10/12/2016 with cumulative diagnoses which included paraplegia, major depression disorder and chronic pain due to trauma. Reviewed of a Progress Note dated 10/13/2016 revealed Resident #4 preferred to get up on a daily basis during the third shift. Record review revealed no completed assessment of Resident #4. Interview with the minimum data set (MDS) Nurse on 10/19/2016 at 11AM revealed Resident #4 was alert and oriented and able to make her needs known to staff. The MDS Nurse indicated the resident needed extensive to total assistance from staff for the completion of activities of daily living except for eating. Continued interview with the MDS Nurse revealed Resident #4 was always incontinent of bowel and bladder. During an observation on 10/17/2016 at 12 Noon, Resident #4 was in still in bed. Interview was conducted with Resident #4 on 10/18/2016 at 8:30AM. The resident stated on 10/17/2016 she was not able to get out of bed until after 1PM. Resident #4 revealed that she told staff that she preferred to get up during the third shift because she liked eating all her meals in the dining room. Resident #4 stated she felt bad " upset " the entire day, because most of the day was gone. NA #4 was interviewed on 10/18/2016 at 9AM and stated she was familiar with Resident #4 ' s choice to be out of bed early. Further interview with NA #4 revealed the third shift was assigned to get Resident #4 out of bed. NA #4 revealed " we were so busy on Monday " (10/17/16). During an interview with the Interim Administrator on 10/19/2016 at 1:00PM, she revealed each resident choices should be honored.	F 242	the provision of federal and stat law. F 242 Resident #4 was discharged on 11/12/16. Resident #7 was discharged on Resident #4 and Resident #7 had their choices reviewed related to the times they would like to go to bed and get up daily on 10/19/16. Certified Nursing Assistants were notified with the residents care cards and care plan being updated with the information. Beginning 11/8/16, 100% of residents will be interviewed if they have a Brief Interview of Mental Status (BIMS) score of 8 or higher to determine the residents preference on time of getting out of bed and going to bed. Preferences will be updated on the care plan for communication to the Certified Nursing Assistants. Beginning 11/8/16, the Director of Nursing Services or the Assistant Director of Nursing Services or Designee will educate all nursing staff on their next scheduled shift related to resident preferences related to getting out of bed and going to bed. Beginning 11/8/16, all Department Managers will randomly audit residents preferences related to the time they prefer to get out of bed or go back to bed to ensure these preferences are being met. These audits will occur during zone round 5 times weekly x 8 weeks then 3 times weekly x 8 weeks with results reviewed in morning meeting.	

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F 242	Continued From page 6 2. Resident # 7 was admitted to the facility on 7/22/2016 with current diagnoses of cerebral infraction, hemiplegia and hemiparesis, hypertension, and anxiety disorder The Minimum Data Set (MDS) dated 10/9/2016 indicated resident#7 was cognitively intact, hearing and vision was adequate. Resident #7 required extensive assistance of one to two persons ' physical assistance for bed mobility and toilet use. During an observation on 10/17/2016 at 12 Noon, Resident #7 was in still in bed. During an interview with Resident #7 on 10/19/2016 at 10:30AM, Resident # 7 stated she preferred to go back to bed around one hour after dinner. Resident #7 revealed that last weekend she had to wait two hours or longer for staff to put her back to bed after dinner. Resident #7 revealed she hurt so bad because of waiting so long to be put back to bed " she cried. " Resident #7 indicated it was almost 9PM before staff put her back to bed. The resident stated she preferred to have lunch out of bed in her room. Resident #7 also stated that on Monday, October 17, 2016 it was almost 2PM before she got out of bed. During an interview on interview on 10/19/2016 at 11:45AM, a nursing staff member who requested anonymity indicated " yes during the weekend we only had three NAs and it took a long time to get residents up and back to bed. " During an interview with the Interim Administrator on 10/19/2016 at 1:00PM, she revealed each resident choices should be honored.	F 242	The results of these audits will be reviewed by the Director of Nursing Services or the Executive Director and brought to the Quality Assessment Performance Improvement Committee meeting by the Director of Nursing Services or the Executive Director. Any issues or trends identified will be addressed by the Quality Assessment Performance Improvement Committee as they arise and the plan will be revised as needed to ensure continued compliance. Audits will be reviewed monthly x 4 months at Quality Assessment Performance Improvement Committee beginning 11/8/16.	
F 312 SS=D	483.25(a)(3) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS A resident who is unable to carry out activities of	F 312		11/16/16

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F 312	Continued From page 7 daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene. This REQUIREMENT is not met as evidenced by: Based on observations, record reviews, staff and resident interviews the facility failed to provide thorough and complete incontinence care for Resident #4. The facility failed to comb the hair, provide oral care, and cleanse the hands and feet during morning care for Resident #5. The facility failed to cleanse the genitals from front to back during bathing. Resident#5. This was evident in 2 of 4 residents in the sample reviewed for activities of daily living (adls). (Resident #4 and Resident #5) 1. Resident #4 was admitted to the facility on 10/12/2016 with cumulative diagnoses which included major depression disorder and chronic pain due to trauma. Record review revealed no available Minimum Data Set (MDS) assessment or written plan of care. Interview with the MDS Nurse on 10/19/2016 at 11AM revealed Resident #4 was alert, oriented and able to make her needs known. The MDS Nurse indicated Resident #4 required extensive to total assistance from staff for all adls except for eating. Further interview revealed Resident#4 was always incontinent of bowel and bladder. Observation of incontinence care provided by Nursing Assistant #4 (NA) on 10/18/16 at 10:25	F 312	Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of facts alleged or the conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law. F312 Resident #4 had additional incontinence care provided on 10/18/16. NA #4 was educated on proper incontinence care on 10/18/16. Resident #5 had her hair combed, oral care provided, and hands and feet washed on 10/18/16. NA #5 was educated on the proper way to complete ADL care on 10/18/16. Beginning 11/8/16, 100% of residents will be interviewed if they have a Brief Interview of Mental Status (BIMS) score of 8 or higher to determine if resident feels they are receiving adequate adl care. Beginning 11/8/16, the Director of Nursing Services, Assistant Director of Nursing Services, or designee will educate all nursing staff on their next scheduled shift related to proper incontinence care and proper care related to activities of daily	

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F 312	Continued From page 8 AM through 11:15 AM was conducted. Resident #4 had experienced an episode of bowel incontinence. NA #4 removed the soiled brief and observed stool was on the outside top portion of the brief, in between the resident ' s thighs, legs and buttocks. Continuous observations revealed NA #4 wet the ends of a white cloth towel and wash cloths with water at the bathroom sink and NA #4 removed stool from the resident ' s skin. NA #4 then wet several more cloth washcloths with water and shampoo/body wash at the sink. Additional stool was then removed from the resident ' s skin. Again, NA #4 wet 3 washcloths and the ends of a cloth towel with water and the shampoo/body wash at the sink. The resident ' s groin was cleansed with the wash cloth then wiped with end of the wet towel. The resident ' s outer labia was not cleansed. NA #4 placed a clean brief and clothing on the resident. Interview on 10/18/16 at 11:30 AM with NA #4 revealed this was her routine for providing incontinence care. On 10/18/16 at 1:12 PM an inquiry was made with the Interim Director of Nurses (DON) about the incontinence care observed. The DON indicated the resident should have been provided a shower or use a basin of water to cleanse the resident ' s skin. Further interview revealed Interview with Resident #4 on 10/19/2016 at 10:30AM revealed NA #4 should have given her a shower instead of wetting wash cloths at the sink (referring to the incontinence care observed on 10/18/16). 2. Resident #5 was admitted to the facility on 7/17/15 with cumulative diagnoses which included dementia. Review of the quarterly Minimum Data Set (MDS) assessment dated 9/22/16 revealed the resident	F 312	living (ADL). Beginning 11/8/16, all Certified Nursing Assistants will have incontinence care and ADL care competencies performed by the Director of Nursing or Assistant Director of Nursing on their next scheduled shift. Beginning 11/10/16, audits will be performed by the Director of Nursing Services or the Assistant Director of Nursing Services to verify Certified Nursing Assistants continue to perform ADL care and incontinence care appropriately. 2 audits will occur per shift per week for 12 weeks. The results of these audits will be reviewed by the Director of Nursing Services or Executive Director and brought to the Quality Assessment Performance Improvement Committee meeting by the Director of Nursing Services or the Executive Director. Any issues or trends identified will be addressed by the Quality Assessment Performance Improvement Committee as they arise and the plan will be revised as needed to ensure continued compliance. Audits will be reviewed monthly7 x 4 months at Quality Assessment Performance Improvement Committee beginning 11/8/16.	

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had impaired cognition and required extensive to total assistance from staff for personal hygiene and bathing.

Review of the written care plan updated 9/28/16 revealed physical functioning deficit. Some of the inventions included oral care and personal hygiene assistance from staff.

Review of the manufacturer ' s instruction for the body and shampoo cleanser used by the facility stated to thoroughly rinse product off of the skin.

Observation on 10/18/16 at 11:45 AM of a bed bath provided to Resident #5 by Nursing Assistant #5 (NA) was conducted. The resident ' s hair appeared to be tangled in the back portion of her head. NA #5 used a sudsy basin of water mixed with Kiwi and Mango body and shampoo wash. The resident ' s face was cleansed with plain water. The resident ' s body except for her hands and feet were cleansed with the sudsy water. The body and shampoo wash was not rinsed off the resident ' s body. NA #5 used another wash cloth and cleansed the resident ' s genitals from the rectum upwards in a back to front motion. Continued observations revealed a clean gown and socks were placed on the resident. Resident # 5 was repositioned in bed with pillows and NA #5 left the resident ' s room. Mouth care and hair care were not provided. Nor were the feet ever cleansed.

Interview on 10/18/16 at 12:30 PM with NA #5 revealed she was not aware that the body wash needed to be thoroughly rinsed off the resident ' s body. NA #5 indicated she should have brushed the resident ' s teeth and comb the resident ' s hair.

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F 312	Continued From page 10 Interview on 10/18/16 at 12:30 PM with Nurse #5 who indicated the resident ' s teeth and hair should have been completed. NA #5 indicated the staff uses care sheets to know how to provide care to residents. Interview on 10/18/16 at 1:12 PM with the Interim Director of Nurses (DON) revealed her expectations were the body wash be rinsed off the body, mouth care and hair care be performed and feet and hands be washed during care.	F 312		
F 353 SS=F	483.30(a) SUFFICIENT 24-HR NURSING STAFF PER CARE PLANS The facility must have sufficient nursing staff to provide nursing and related services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care. The facility must provide services by sufficient numbers of each of the following types of personnel on a 24-hour basis to provide nursing care to all residents in accordance with resident care plans: Except when waived under paragraph (c) of this section, licensed nurses and other nursing personnel. Except when waived under paragraph (c) of this section, the facility must designate a licensed nurse to serve as a charge nurse on each tour of duty.	F 353		11/16/16

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GOLDEN LIVINGCENTER - GREENSBORO	1201 CAROLINA STREET GREENSBORO, NC 27401

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F 353	Continued From page 11 This REQUIREMENT is not met as evidenced by: Based on observation, resident, family and staff interviews and record reviews the facility failed to provide care in a manner to maintain the resident's dignity by not answering call bells timely for residents needing assistance with activities of daily living. This was evident for 2 of 3 sampled residents reviewed for dignity. (Resident # 2, and Resident #4) Findings Included: 1. Resident #2 was admitted to the facility on 9/16/2016 with current diagnoses of major depressive disorder, and type 2 diabetes mellitus with diabetic nephropathy. Resident #2 Minimum Data Set (MDS) dated 10/3/2016 revealed Resident #2 was moderately cognitively impaired. The resident required extensive assistance with bed mobility, dressing, toilet use and personal hygiene. The resident was frequently incontinent of bladder and always incontinent of bowels. During an interview with Resident #2 at 2:00PM on 10/17/2016, she revealed that she had been waiting 30 minutes for staff to come and change her. Resident #2 stated her " butt was burning " . Resident #2 indicated that it ' s like this all the time. " It ' s terrible that I have to wait so long, staff does not like me " . Resident #2 indicated that this made her feel bad. An observation of the Resident #2 room on 10/17/2016 at 2:00PM a clock on the wall in front of the resident ' s bed was within view of the resident. Resident indicated that was how she knew how long it took staff to answer her call bell	F 353	Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of facts alleged or the conclusions set forth in the statement of deficiencies. The plan o correction is prepared and/or executed solely because it is required by the provisions of federal and state law. F 353 F 241: Resident #2 had call light answered at 2:40pm on 10/17/16 with incontinence care provided. Barrier cream applied to buttocks. Resident #4 received additional incontinence care on 10/18/16. NA #4 received education on 10/18/16 regarding proper incontinence care and changing of gloves. Beginning 11/8/16, 100% of residents will be interviewed if they have a Brief Interview of Mental Status (BIMS) score of 8 or higher to determine if resident feels their call lights are being answered timely and there are no additional concerns with incontinence care. Beginning 10/19/16, Nursing Management and executive Director evaluated the staffing patterns to establish patient acuity and staffing ratio required. DNS evaluated the nursing staff schedule to accommodate the needs of the residents. Review of daily staffing schedule to ensure adequate nursing staff is available to accommodate the acuity level and provide quality care. Facility is advertising on internet job site, posts on	

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and provide care
for her.

A continuous observation of Resident #2 's room was done on 10/17/2016 at 2:00PM through 2:40PM. The resident ' s call bell was activated. Resident #2 had removed the blanket from her body exposing that the resident had a brief on. Observation of the brief revealed brown substance could be seen through the brief. There was a foul odor in the room.

Observations on 10/17/2016 at around 2:40 PM revealing Nursing Assistant (NA) #2 walked into the Resident #2 room ' s

Interview with Nursing Assistant (NA) #2 on 10/17/2016 at 2:52PM revealed that the reason why it took her so long to change and answer Resident #2' s call bell was because the facility was short of staff which made it hard to get to each resident in a timely manner. NA #2 revealed that there were only two nursing assistants for the South hall on the schedule this morning. NA#2 revealed that she had 30 residents to provide care for this morning.

During an interview with the interim Director of Nursing (DON) on 10/19/2016 at 11:30AM she stated her expectation was that staff would answer a resident ' s call bell within 5 to 15 minutes and that care and treatment were provided for the resident. ADON indicated that her expectation that staff would treat all resident with respect and dignity.

During an interview with the interim Administrator on 10/19/2016 at 1:00PM revealed her expectation for staff to answer call bells within a

social media, plan for pay raises, contacting advertising agency, and is networking with Agency pools for staffing, recruitment, and retention.

Beginning 10/19/16, Executive Director will review staffing patterns with the DNS weekly for 3 months.

The results of these audits will be reviewed by the Director of Nursing Services and Executive Director and brought to the Quality Assessment Performance Improvement Committee meeting by the Director of Nursing Services or the Executive Director. Any issues or trends identified will be addressed by the Quality Assessment Performance Improvement Committee as they arise and the plan will be revised as need to ensure continued compliance. Audits will be reviewed monthly x 4 months at Quality Assessment Performance Improvement Committee beginning 11/8/16.

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timely manner and provide care and treatment for resident. Administrator revealed that resident should not have to wait for care and treatment. Administrator indicated that her expectation would be all staff treat residents with respect and dignity. Zero tolerance for disrespect for our residents here.

2. Resident #4 was admitted to the facility on 10/12/2016 with cumulative diagnoses which included major depression disorder and chronic pain due to trauma.

Record review revealed no available Minimum Data Set (MDS) assessment or written plan of care.

Interview with the MDS Nurse on 10/19/2016 at 11:00 AM revealed Resident #4 was alert, oriented and able to make her needs known. The MDS Nurse indicated Resident #4 required extensive to total assistance from staff for all adls except for eating. Further interview revealed Resident#4 was always incontinent of bowel and bladder.

Observation of incontinence care provided by Nursing Assistant #4 (NA) on 10/18/16 at 10:25 AM through 11:15 AM was conducted. Resident #4 had experienced an episode of bowel incontinence. NA #4 removed the soiled brief and observed stool was on the outside top portion of the brief, in between the resident ' s thighs, legs and buttocks. Continuous observations revealed NA #4 wet the ends of a white cloth towel and wash cloths with water at the bathroom sink and NA #4 removed stool from the resident's skin. NA #4 then wet several more cloth washcloths with

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water and shampoo/body wash at the sink. Additional stool was then removed from the resident ' s skin. Again, NA #4 wet 3 washcloths and the ends of a cloth towel with water and the shampoo/body wash at the sink. The resident ' s groin was cleansed with the wash cloth then wiped with end of the wet towel. The resident ' s outer labia was not cleansed. NA #4 placed a clean brief and clothing on the resident.
Interview on 10/18/16 at 11:30 AM with NA #4 revealed this was her routine for providing incontinence care.
Interview on 10/18/16 at 1:12 PM with the Interim Director of Nurses (DON) revealed her expectations were the body wash be rinsed off the body, mouth care and hair care be performed and feet and hands be washed during care.

Interview with Resident #4 on 10/19/2016 at 10:30AM revealed NA #4 should have given her a shower instead of wetting wash cloths at the sink (referring to the incontinence care observed on 10/18/16). Resident #4 stated she felt bad about her care and treatment. Resident #4 revealed that she was embarrassed and upset about her care and treatment. Continuous interview with Resident #4 stated that staff was very slow with answering her call bell on Monday.

During an interview with the interim Director of Nursing (DON) on 10/19/2016 at 11:30AM she stated her expectation was that staff would answer a resident ' s call bell within 5 to 15 minutes and that care and treatment were provided for the resident. ADON indicated that her expectation that staff would treat all resident with respect and dignity.

During an interview with the interim Administrator

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F 353	Continued From page 15 on 10/19/2016 at 1:00PM revealed her expectation for staff to answer call bells within a timely manner and provide care and treatment for resident. Administrator revealed that resident should not have to wait for care and treatment. Administrator indicated that her expectation would be all staff treat residents with respect and dignity. Zero tolerance for disrespect for our residents here.	F 353		
F 441 SS=D	483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection. (a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections. (b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease. (3) The facility must require staff to wash their	F 441		11/14/16

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F 441	Continued From page 16 hands after each direct resident contact for which hand washing is indicated by accepted professional practice. (c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection. This REQUIREMENT is not met as evidenced by: Based on staff interview and observation, standard infection control guidelines were not followed by staff touching room furniture with soiled gloves used to provide incontinence care for 1 of 3 residents in the sample reviewed for activities of daily living (ADL). (Resident #4) Findings included: A continuous observation was made on 10/18/16 from 10:25 AM through 11:15 AM of incontinence care for Resident #4. Nurse Aide #4(NA) was observed to donned (placed) gloves on both hands, removed a soiled adult brief, provided bowel incontinence care and placed a clean adult brief on the resident. With the same soiled gloved hands (used for incontinence care) NA #4 went into and out of Resident #4 ' s and the roommate ' s closet and attached drawers twice attempting to locate clothing Resident #4 requested to wear. Then NA #4 opened the bedside cabinet drawers twice with the same soiled gloved hands, again looking for Resident #4 ' s personal clothing. Interview on 10/18/16 at 1:12 PM with the Interim Director of Nurses revealed her expectation for	F 441	Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of facts alleged or the conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provision of federal and state law. F 441 Resident #4 had additional incontinence care provided on 10/18/16. NA #4 was educated on proper incontinence care and infection control on 10/18/16. Beginning 11/18/16, the Director of Nursing Services or Assistant Director of Nursing Services or designee will educate all nursing staff on their next scheduled shift related to proper infection control to include when to change gloves. Beginning 11/9/16, audits will be performed by the Director of Nursing Services, Assistant Director of Nursing	

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F 441	Continued From page 17 staff was to change soiled gloves and wash hands before completing another task. Interview on 10/18/16 at 2 PM with NA #4 revealed she thought she had changed her gloves and washed her hands between incontinence care.	F 441	Services and RN Supervisor to monitor hand hygiene to include proper changed of gloves with 2 staff members per shift 5 days weekly x 4 weeks, then 1 staff member per shift 3 days weekly x 4 weeks. The results of these audits will be reviewed by the Director of Nursing Services and Executive Director and brought to the Quality Assessment Performance Improvement Committee meeting by the Director of Nursing Services or the Executive Director. Any issues or trends identified will be addressed by the Quality Assessment Performance Improvement Committee as they arise an the plan will be revised as needed to ensure continued compliance. Audits will be reviewed monthly x 4 months as Quality Assessment Performance Improvement Committee beginning 11/8/16.	